

Sun and Wind Orientation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
The area is in <input type="checkbox"/> full sun, <input type="checkbox"/> partial sun, <input type="checkbox"/> or complete shade. The site is <input type="checkbox"/> totally open, <input type="checkbox"/> partially open, <input type="checkbox"/> or full enclosed.			
Comments			
Structures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Describe distance to existing buildings, fences, walks, playgrounds and /or recreation facilities in the immediate area of the site.			
Comments			
Landscape	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Describe the existing landscape features, trees, grass, shrubs, ground cover, walks and paths in the immediate area of the site.			
Comments			
Soil Conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Soil test show that soil will support gardening use materials are generally free from rocks and debris			
Comments			

Facility Size and Shape	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Describe the size, shape and dimensions of the proposed facility.			
Comments			
Parking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Describe the number and distance to the nearest on-site parking and on-street parking.			
Comments			
Topography	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Describe the slope and orientation of grading on the proposed site.			
Comments			
Drainage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Describe the direction of site drainage and identify any possible flat spots or water catchment areas.			
Comments			
Nearby Residential Uses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Describe the distance to surrounding residential housing the type of housing, single family, low density, high density.			
Comments			

Nearby Commercial Uses		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Describe the distance to surrounding commercial uses and identify the type of commercial or business uses.				
Comments				
Nearby Institutional Uses		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Describe the distance to surrounding institutional uses and identify the type of use.				
Comments				
Other Comments		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Describe any other observations regarding site use or facilities that you feel would be important to consider in siting the facility.				
Comments	<div style="position: relative; height: 400px;"> SAMPLE </div>			

Signature		Print Name		Date	
Office Use Only / Routing					
Date Received	Received By	Committee/Council	Deputy Director	District Manager	Area Manager

SAMPLE

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